

SE	L NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
	09/424,104	11/18/99	514	1623	PC9576A

APPLICANT  
BRIAN SCOTT BRONK, GALES FERRY, CT; MICHAEL ANTHONY LETAVIC, MYSTIC, CT;  
TAKUSHI KANEKO, GUILFORD, CT; BINGWEI VERA YANG, WATERFORD, CT;  
EDWARD ALAN GLAZER, WATERFORD, CT; HENGMIAO CHENG, EAST LYME, CT.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED PROVISIONAL APPLICATION NO. 60/049,348 06/11/97

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED THIS APPLN IS A 371 OF PCT/IB98/00839 05/29/98

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/07/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	Examiner's Initials <u>                    </u> Initials <u>                    </u>	CT	0	28	3

ESS  
PAUL H GINSBURG  
PFIZER INC  
235 EAST 42ND STREET  
20TH FLOOR  
NEW YORK NY 10017-5755

TITLE  
4"-SUBSTITUTED-9-DEOXO-9A-AZA-9A-HOMOERYTHROMYCIN A DERIVATIVES

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. <u>                    </u> to charge/credit DEPOSIT ACCOUNT NO. <u>                    </u> for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other <u>                    </u> <input type="checkbox"/> Credit
\$1,062		

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 424104	RECEIPT DATE:	11 / 18 / 99
IA NUMBER:	PCT/ IB98 / 00839	IA FILING DATE:	05 / 29 / 98
FAMILY NAME:	BRONK	DELAY WAIVED (Y/N):	Y
GIVEN NAME:	BRIAN SCOTT	DEMAND RECEIVED (Y/N):	Y
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	06 / 11 / 97
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	PC9576A	COUNTRY:	IBX
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	TELEPHONE	
		FAX	

NAME: PAUL H GINSBURG  
PFIZER INC  
STREET: 235 EAST 42ND STREET

CITY: NEW YORK  
STATE/COUNTRY: NY ZIP: 100175755

EMAIL:  
APPLICATION TITLES:  
4''-SUBSTITUTED-9-DEOXO-9A-AZA-9A-HOMOERYTHROMYCIN A DERIVATIVES

TAB TO LAST POSITION,PUSH SEND

